

**IDENTIFICATION AND ANALYSIS OF QUALITY OF LIFE STROKE PATIENTS****Wasisto Utomo, Siti Rahmalia**

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**Abstract**

Stroke is a degenerative disease of the brain blood vessels that affect physical aspect, psychological aspect, social and environmental aspects. This study aims to determine the quality of life of stroke patients. This research method was descriptive design with simple survey approach. This research was conducted at the Hospital of the National Stroke Bukittinggi. against 78 respondents who experienced a stroke taken by accidental sampling technique and met inclusion criteria. Measuring instruments used was WHOQOL- BREEF questionnaire to measure quality of life. The analytical method used is a univariate analysis. The results showed that there were 35 people (44.87%) have a good quality of life and 43 (55.13%) had a poor quality of life. The study concluded that the majority of the quality of life of stroke patients was poor. Based on the results of this study are expected for nurses can provide quality nursing care in patients with stroke to maintain or improve the quality of life.

**Keywords** :Stroke, Quality of life**Introduction**

Stroke is a major cause of disability and the second leading cause of death in the world (Feigin, 2007). The incidence of stroke in the United Kingdom is the second highest cause of death after acute myocardial infarction. In the United States, stroke ranks third leading cause of death after heart disease and cancer (Soertidewi, 2011). Data in Indonesia showed the tendency of increase in cases of stroke both in terms of mortality, incidence, and disability. The incidence of stroke by 51.6 / 100,000 population, and as much as 1.6% permanent disability, 4.3% more and become heavy. Mortality by age was 15.9% at age 45-55 years, 26.8% at age 55-64 years and 23.3% in the age over 65 years (Misbach, 2011).

Data from medical records Hospital National Stroke Bukittinggi obtained a total of stroke patients in 2014 amounted to 6160 patients. The number of outpatient visits for 1880 with non hemoregik stroke cases was the number of patients hospitalized for non hemoregik stroke were 3276 patients and hemoregik stroke were 1004 patients

Stroke can be caused by several things such as cerebral thrombosis, embolism, and hemorrhagic. The cause will result in a lack of

blood supply to brain tissue. If the blood supply is less than 20 ml / 100 g of brain tissue will result in the occurrence of ischemic events. This will result in a change from aerobic into anaerobic metabolism and disorders of homeostasis of ions and disruption of brain electrical activity (Junaidi, 2011).

Ischemia that occurs in the brain tissue will lead to permanent brain damage called nekrosis / death of neurons. Necrotic neurons will have lost the ability to pump sodium out of the cell causing an influx of sodium and chloride in the cells (Sherwood, 2011).

Impact stroke can cause interference with physical, psychological, cognitive, sexual ability, activity on the environment and social activities. Physical disorders can be either a weakness or even paralysis on one side of the body both upper extremities and lower extremities. The presence of paralysis and weakness then this will result in limitations in physical activity ranging activities or daily activities as well as activities outside the home such as social activities. Cognitive impact on patients will lead to an interruption in the process of thinking both in the simple things and the



things that are complex. Patients are not biased communicate seamlessly with others and ultimately disturbing when activity in a wider group of people such as the community or society. The impact on sexual performance will also affect the behavior of sesksual with her partner, this can lead to feelings of low self-esteem due to the limitations experienced after a stroke. Other Dampat in stroke patients is the presence of modifications of the environment in order to adjust to the decreased ability of the patient to the activities in the environment such as a bathroom modification, modification cutlery, bedding and other modifications. Another impact on social activities in stroke patients is the limited social interaction with the surrounding community that initially the patient can be active in social activities, but after a stroke to be very limited. All of these limitations is the impact of stroke which would determine the quality of life of stroke patients (Mulyatsih, 2007).

Quality of life is also one of the important factors that may affect a person's health condition. Poor quality of life will worsen the condition of a disease, and vice versa, an illness may cause a decline in quality of life, especially degenerative diseases that are very difficult to cure one disease such as stroke. Have been many studies that claim that living with stroke have a negative impact on the quality of life of stroke patients. A population study or report that the effects or sequelae that occur in a person with stroke requires proper treatment due to severe damage to the quality of life (Handy & Goddess, 2009).

Quality of life is very important to get serious attention, because of the quality of life is something that is closely related to morbidity and mortality, the responsible person's health condition, severity of illness, duration of healing even up can worsen the condition of illness and death if someone is have a poor quality of life.

## AIMS

The aim in this study was to mengetahui characteristics of stroke patients, knowing and quality of life in stroke patients.

## BENEFITS

Benefits peneitian in this study is expected to increase the repertoire of science medical-surgical nursing, especially in the concept of stroke care, to add information for health services, especially treatment of stroke and helps to mendiganosis and prognosis of stroke, and a reference to carry out further studies related to the quality of life in patients stroke.

## METHODOLOGY

In this study, the research design used is a simple description of the research that identifies a particular variable by looking at the distribution of frequency. This research was conducted at the Hospital of the National Stroke Bukittinggi in West Sumatra. The population in this study were all stroke patients are hospitalized and met the inclusion criteria, ie stroke patients were hospitalized and are willing to become respondents were selected by accidental sampling technique as many as 78 people.

Before data collection begins researchers asked potential respondents fill out the consent form respondents. Means of collecting data in this study using a questionnaire consisting of two parts: demographic data and WHOQOL-Breff questionnaire to assess quality of life. The gathered data is processed and analyzed using computer software. The analysis used in the form of univariate analysis by looking at the distribution fekuensi of each variable.

## RESULT

### 1. Univariate Analysis

Tabel 1

Distribution Characteristics of Stroke Patients

Characteristics	f	%
1. Age		
- < 45	6	7,7
- 45-65	49	62,8
- >65	23	29,5
2. Sex		
- Male	42	53,8



- Female	36	46,2
<b>3. Work</b>		
- Doesn't work	1	1,3
- Private	13	16,7
- Farmers	27	34,6
- Traders	3	3,8
- Government employees	3	3,8
- Housewife	31	39,7
<b>4. Race</b>		
- Minang	58	74,4
- Malay	6	7,7
- Java	7	9,0
- Batak	7	9,0
<b>5. Type of stroke</b>		
- Nonhemoragik Stroke	51	65,4
- Hemoragik Stroke	27	34,6
Total	78	100

Table 1 describes the characteristics of the 78 respondents surveyed. The majority of respondents aged 45-65 years (62.8%) and male gender (53.8%). The majority of respondents work as farmers (34.6%) and the ethnic Minang (74.4%). A majority of respondents experienced a non-hemorrhagic stroke (65.4%) and (34.6%) experienced a hemorrhagic stroke.

Tabel 2  
Distribution of respondents by stroke patient's Quality of Life

Quality of Life	f	%
Good	35	44,87
Poor	43	55,13
Total	78	100

Table 2 illustrates the majority of respondents have a poor quality of life for as many as 43 people or 55.13%.

**DISCUSSION**

Results of research has been done on 78 respondents in the National Stroke Bukitinggi Hospital showed that most respondents in the age range of 45-65 years (62.8%). The

youngest age of the respondents is 28 years old and the oldest is 84 years of age. The results are consistent with research conducted by Berman (2012) at the Adam Malik Hospital, where 48% of patients experienced a stroke at the age of 45-65 years.

Age is one of the factors that affect stroke. Increasing age, the higher the risk of stroke due to the reduction in the elasticity of blood vessels (Japardi, 2000).

Patients with stroke-sex male more than female respondents that the male sex (53.8%). This research is in line with research Ritarwan (2003) diamana number of people with more men than women, where male stroke patients (64.4%).

Men are more likely to have a stroke higher than women, with a ratio of 2: 1 in young adulthood. Although, men are more inclined at a young age, but women followed in the elderly, diamana in the elderly is almost no difference. It happened, according to the results of research that hormones play a role to protect women from stroke to them through periods of childbearing (Burhanuddin, 2012). Men who are 45 years old when survive up to 85 years the possibility of stroke by 25%, while women only 20% chance of having a stroke (Junaidi, 2011).

Most respondents work as farmers as much as 34.6% and the lowest is not working as much as 1.3%. This is in line with the data community work as a western Sumatran this study, diamana 42.4% work in agriculture.

The majority of respondents have tribes minang as many as 74.4%, while the Batak tribes and Java respectively 9.0% and 7.7% Malay tribes. The number of patients who have tribes minang affected locations where research studies carried out at the West Sumatra province whose inhabitants manyoritas minang tribes.

On the type of stroke obtained more non-hemorrhagic stroke (65.4%) compared to hemorrhagic stroke (34.6%) This is consistent with secondary data obtained from the National Stroke Hospital London, where the number of patients with non-hemorrhagic stroke more than hemorrhagic stroke. The number of inpatients in 2014 as many as 4280, non hemoregik diamana stroke by

76.5% of patients and 23.5% of patients hemoregik stroke. It is also in line with research conducted Ritarwan (2003) in which the non-hemorrhagic stroke penderitita more than hemorrhagic stroke is as much as 68.9% non-hemorrhagic stroke and 31.1% hemorrhagic stroke.

Based on the results of a study of 78 respondents showed that most respondents have a poor quality of life, as many as 43 people (55.15%). Quality of life is described as a perception or subjective view of stroke patients to satisfaction and acceptance of her condition. Quality of life is a concept related to the welfare of patients both in terms of physical, psychological, social, and environmental. Quality of life is very important to get serious attention, because of the quality of life is something that is closely related to morbidity and mortality, the responsible person's health condition, severity of illness, duration of healing even up can worsen the condition of illness and death if someone is have a poor quality of life.

According Artal, Egido, Gonzalez and Seijas (2015) Quality of life is less well experienced by stroke patients due to the perception of people against the disease that causes a decrease in the function or limitations on some aspects such as the physical, cognitive, sexual ability, aktifitas to the environment and activities with the community. Patients have negative feelings such as feeling hopeless, angry, embarrassed, and felt it was not concerned about his condition that affects quality of life that is owned by the patient. As stated by et.all Savini (2014) that a stroke may increase the risk of an inability of patients to experience physical, psychological, and social due to complaints - complaints experienced. Symptoms - symptoms resulting in limitations both in terms of physical, psychological and social. The function impairment can affect the quality of life of patients.

In patients with stroke severity that occurs depending on the location and size of lesions occur. The location of lesions determine kaparahan stroke experienced by the patient. The location of lesions in the

cerebral cortex in general body can still make the shift duties or responsibilities were transferred to the brain areas brain area around the lesion. Brain physiology cerebral restoration. Lokas lesions of the cerebral cortex would cause clinical manifestations in accordance with the function of the cortex. If the cortex of the frontal lobe will interfere with cognitive function, if the parietal and temporal lobes of the cortex will result in impaired function of Broca or Wernick (the function of speech and speech understanding / perception), if the cortex of the occipital lobe will interfere with the function of vision.

Lesion that can be fatal if the inner lining of the brain or brain stem area. The presence of lesions in the brain stem will cause disturbances in the cardiovascular and respiratory function. The function is very vital and very quickly lead to disturbances in the function of body temperature regulation so that it can worsen the effects due to brain ischemia (Misbach, 2011).

In addition to the lesion which determines the severity of stroke that is not less important extent of the lesion. The more extensive a lesion on the stroke will increase the severity, morbidity and even mortality from stroke. Extensive lesions can be detected by investigations such as CT scans of the brain. All the effects that occur in stroke patients will certainly affect the ability of physical, psychological, cognitive and social interaction skills with the community. The scaling such capabilities will ultimately affect the quality of life in general and the majority of patients with stroke decreased quality of life.

## CONCLUSION

Based on the results of research on the relationship between the levels of electrolytes with kesadran level patients at the Hospital of the National Stroke Bukittinggi can be concluded that the distribution of respondents by age, shows that the majority of respondents aged between 45-65btahun as much as 62.8%. The majority of respondents androgynous male as many as 53.8%, the majority work as farmers 34.6% and the majority of the ethnic Minang as much as



77.4%. The majority of respondents experienced a non-hemorrhagic stroke as much as 65.4% and the rest of hemorrhagic stroke.

Based on the quality of life of stroke patients, obtained 55.13% have a poor quality of life and about 44.87% have a good quality of life.

### SUGGESTION

For Institute of Health, Hospitals as a means for public health care for the treatment of stroke may consider measuring the electrolyte in stroke patients become a standard handlers stroke along with other health checks as a standard operating procedure handler stroke that can help predict the diagnosis and prognosis of acute stroke. For educational institutions, especially nursing, can add to this study as one of the sources of reading in the library so as to broaden the reader in stroke handler. Further research is expected to develop a research domains such as linking not just one factor, but other factors which affect the quality of life in stroke patients.

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